CATERPILLAR FINANCIAL SERVICES CORPORATION CORPORATE CONTRIBUTIONS APPLICATION FOR FUNDING

Return application to <u>Contribution.Requests@cat.com</u>

Organization Name: Address (Street, City, State, Z Contact person: Phone: E-mail:	Zip):					
*501c3 Tax I.D.#: Note: If first time applicant or has never application.	er been approved	d for funding be	efore - attach co	opy of your organi	zation's W-9 form w	ith
Organization has a profile with Note: It is a requirement that an organ	_			Yes rs to be considere	No d for a donation.	
Organization is a United Way	,	Partner A	Agency	Ageı	псу	N/A
Organization Mission (summa	ary):					
Organization's non-profit cate	egory:	Arts	Civic	Education	Health/Human	Services
Amount requested: If not monetary – In-Kind Reques	st or Day of C	aring (summary	of needs): Please i	ndicate if time needed	s after hours or during wo	rk hours.
Funding Purpose and/or Ever	nt Summary:					
If funding for an event – desc number of volunteers):	cribe event ar	nd timing (if	requesting	a Day of Cari	ng, include des	ired
Please select the necessary (Cat Financial	logo forma	t (if no logo	needed, circ	e none)	
PNG JPE	EG (GIF	None			

If your organization received funds in the prior year you must provide results to measure the impact of the donation (measurement template). If the information is not provided we will not consider a request for this calendar year.
Are any Cat Financial employees currently working with your organization: Yes No If yes, please list names and in what capacity they serve (board chair, board member, committee member, volunteer, etc. Also, please indicate when FPD involvement began with your organization.
Note: The Cat Financial Corporate Contributions Committee meets quarterly (meeting dates subject to change). Contact name on application will be notified (approved or declined) after each meeting. Notifications are made via email or phone as soon as possible after meeting date, we appreciate your patience as we work through the contact list.
Comments: